

**EXTRANET
LogonID Request Form**

Organization Name: _____

Address: _____

Use Agreement/Memorandum of Understanding Number: _____

☐ New ☐ Change ☐ Reassign ☐ Delete

User's Name (First, Middle Initial, Last)

Mother's Maiden Name

Current FOB Serial #
(If this is a deletion, change, or reassignment)

Current User Name
(If this is a deletion, change, or reassignment)

Current Logon ID
(If this is a deletion, change, or reassignment)

Agency Security Officer/Supervisor

Date (mm/dd/yy)

Return Completed Form To:

**User Services
Department of Motor Vehicles
P. O. Box 27412
Richmond, VA 23269-0001**

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